



House of Representatives

File No. 628

General Assembly

February Session, 2012

(Reprint of File No. 442)

Substitute House Bill No. 5348
As Amended by House Amendment
Schedules "A" and "B"

Approved by the Legislative Commissioner
May 3, 2012

AN ACT CONCERNING THE ADMINISTRATION OF MEDICINE TO STUDENTS WITH DIABETES, THE DUTIES OF SCHOOL MEDICAL ADVISORS, THE AVAILABILITY OF CPR AND AED TRAINING MATERIALS FOR BOARDS OF EDUCATION AND PHYSICAL EXERCISE DURING THE SCHOOL DAY.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 10-220j of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective from passage*):

3 (a) No local or regional board of education may prohibit blood
4 glucose self-testing by children with diabetes who have a written order
5 from a physician [or an advanced practice registered nurse] stating the
6 need and the capability of such child to conduct self-testing. No local
7 or regional board of education may restrict the time and location of
8 blood glucose self-testing by a child with diabetes on school grounds
9 who has written authorization from a parent or guardian and a written
10 order from a physician stating that such child is capable of conducting
11 self-testing on school grounds.

12 (b) The Commissioner of Education, in consultation with the

13 Commissioner of Public Health, shall develop guidelines for policies
14 and practices with respect to blood glucose self-testing by children
15 pursuant to subsection (a) of this section. Such guidelines shall not be
16 construed as regulations within the scope of chapter 54.

17 Sec. 2. Section 10-212a of the general statutes is repealed and the
18 following is substituted in lieu thereof (*Effective from passage*):

19 (a) (1) A school nurse or, in the absence of such nurse, any other
20 nurse licensed pursuant to the provisions of chapter 378, including a
21 nurse employed by, or providing services under the direction of a local
22 or regional board of education at, a school-based health clinic, who
23 shall administer medical preparations only to students enrolled in such
24 school-based health clinic in the absence of a school nurse, the
25 principal, any teacher, licensed athletic trainer, licensed physical or
26 occupational therapist employed by a school district, or coach of
27 intramural and interscholastic athletics of a school may administer,
28 subject to the provisions of subdivision (2) of this subsection,
29 medicinal preparations, including such controlled drugs as the
30 Commissioner of Consumer Protection may, by regulation, designate,
31 to any student at such school pursuant to the written order of a
32 physician licensed to practice medicine, or a dentist licensed to practice
33 dental medicine in this or another state, or an optometrist licensed to
34 practice optometry in this state under chapter 380, or an advanced
35 practice registered nurse licensed to prescribe in accordance with
36 section 20-94a, or a physician assistant licensed to prescribe in
37 accordance with section 20-12d, and the written authorization of a
38 parent or guardian of such child. The administration of medicinal
39 preparations by a nurse licensed pursuant to the provisions of chapter
40 378, a principal, teacher, licensed athletic trainer, licensed physical or
41 occupational therapist employed by a school district, or coach shall be
42 under the general supervision of a school nurse. No such school nurse
43 or other nurse, principal, teacher, licensed athletic trainer, licensed
44 physical or occupational therapist employed by a school district, coach
45 or school paraprofessional administering medication pursuant to
46 [subsection] subsections (d) and (e) of this section shall be liable to

47 such student or a parent or guardian of such student for civil damages
48 for any personal injuries that result from acts or omissions of such
49 school nurse or other nurse, principal, teacher, licensed athletic trainer,
50 licensed physical or occupational therapist employed by a school
51 district, coach or school paraprofessional administering medication
52 pursuant to [subsection] subsections (d) and (e) of this section in
53 administering such preparations that may constitute ordinary
54 negligence. This immunity does not apply to acts or omissions
55 constituting gross, wilful or wanton negligence.

56 (2) Each local and regional board of education that allows a school
57 nurse or, in the absence of such nurse, any other nurse licensed
58 pursuant to the provisions of chapter 378, including a nurse employed
59 by, or providing services under the direction of a local or regional
60 board of education at, a school-based health clinic, who shall
61 administer medical preparations only to students enrolled in such
62 school-based health clinic in the absence of a school nurse, the
63 principal, any teacher, licensed athletic trainer, licensed physical or
64 occupational therapist employed by a school district, or coach of
65 intramural and interscholastic athletics of a school to administer
66 medicine or that allows a student to self-administer medicine,
67 including medicine administered through the use of an asthmatic
68 inhaler or an automatic prefilled cartridge injector or similar automatic
69 injectable equipment, shall adopt written policies and procedures, in
70 accordance with this section and the regulations adopted pursuant to
71 subsection (c) of this section, that shall be approved by the school
72 medical advisor or other qualified licensed physician. Once so
73 approved, such administration of medication shall be in accordance
74 with such policies and procedures.

75 (3) A director of a school readiness program as defined in section
76 10-16p or a before or after school program exempt from licensure by
77 the Department of Public Health pursuant to subdivision (1) of
78 subsection (b) of section 19a-77, or the director's designee, may
79 administer medications to a child enrolled in such a program in
80 accordance with regulations adopted by the State Board of Education

81 in accordance with the provisions of chapter 54. No individual
82 administering medications pursuant to this subdivision shall be liable
83 to such child or a parent or guardian of such child for civil damages for
84 any personal injuries that result from acts or omissions of such
85 individual in administering such medications which may constitute
86 ordinary negligence. This immunity shall not apply to acts or
87 omissions constituting gross, wilful or wanton negligence.

88 (b) Each school wherein any controlled drug is administered under
89 the provisions of this section shall keep such records thereof as are
90 required of hospitals under the provisions of subsections (f) and (h) of
91 section 21a-254 and shall store such drug in such manner as the
92 Commissioner of Consumer Protection shall, by regulation, require.

93 (c) The State Board of Education, in consultation with the
94 Commissioner of Public Health, shall adopt regulations, in accordance
95 with the provisions of chapter 54, determined to be necessary by the
96 board to carry out the provisions of this section, including, but not
97 limited to, regulations that (1) specify conditions under which a coach
98 of intramural and interscholastic athletics may administer medicinal
99 preparations, including controlled drugs specified in the regulations
100 adopted by the commissioner, to a child participating in such
101 intramural and interscholastic athletics, (2) specify conditions and
102 procedures for the administration of medication by school personnel to
103 students, and (3) specify conditions for self-administration of
104 medication by students, including permitting a child diagnosed with:
105 (A) Asthma to retain possession of an asthmatic inhaler at all times
106 while attending school for prompt treatment of the child's asthma and
107 to protect the child against serious harm or death provided a written
108 authorization for self-administration of medication signed by the
109 child's parent or guardian and an authorized prescriber is submitted to
110 the school nurse; and (B) an allergic condition to retain possession of
111 an automatic prefilled cartridge injector or similar automatic injectable
112 equipment at all times while attending school for prompt treatment of
113 the child's allergic condition and to protect the child against serious
114 harm or death provided a written authorization for self-administration

115 of medication signed by the child's parent or guardian and an
116 authorized prescriber is submitted to the school nurse. The regulations
117 shall require authorization pursuant to: (i) The written order of a
118 physician licensed to practice medicine in this or another state, a
119 dentist licensed to practice dental medicine in this or another state, an
120 advanced practice registered nurse licensed under chapter 378, a
121 physician assistant licensed under chapter 370, a podiatrist licensed
122 under chapter 375, or an optometrist licensed under chapter 380; and
123 (ii) the written authorization of a parent or guardian of such child.

124 (d) (1) With the written authorization of a student's parent or
125 guardian, and (2) pursuant to the written order of the student's (A)
126 physician licensed [to practice medicine] under chapter 370, (B) an
127 optometrist licensed to practice optometry under chapter 380, (C) an
128 advanced practice registered nurse licensed to prescribe in accordance
129 with section 20-94a, or (D) a physician assistant licensed to prescribe in
130 accordance with section 20-12d, a school nurse and a school medical
131 advisor may jointly approve and provide general supervision to an
132 identified school paraprofessional to administer medication, including,
133 but not limited to, medication administered with a cartridge injector,
134 to a specific student with a medically diagnosed allergic condition that
135 may require prompt treatment in order to protect the student against
136 serious harm or death. For purposes of this subsection, "cartridge
137 injector" means an automatic prefilled cartridge injector or similar
138 automatic injectable equipment used to deliver epinephrine in a
139 standard dose for emergency first aid response to allergic reactions.

140 (e) (1) With the written authorization of a student's parent or
141 guardian, and (2) pursuant to a written order of the student's physician
142 licensed under chapter 370, a school nurse or a school principal shall
143 select, and a school nurse shall provide general supervision to, a
144 qualified school employee to administer medication with injectable
145 equipment used to administer glucagon to a student with diabetes that
146 may require prompt treatment in order to protect the student against
147 serious harm or death. Such authorization shall be limited to situations
148 when the school nurse is absent or unavailable. No qualified school

149 employee shall administer medication under this subsection unless (A)
150 such qualified school employee annually completes any training
151 required by the school nurse and school medical advisor in the
152 administration of medication with injectable equipment used to
153 administer glucagon, (B) the school nurse and school medical advisor
154 have attested, in writing, that such qualified school employee has
155 completed such training, and (C) such qualified school employee
156 voluntarily agrees to serve as a qualified school employee. For
157 purposes of this subsection, "injectable equipment used to administer
158 glucagon" means an injector or injectable equipment used to deliver
159 glucagon in an appropriate dose for emergency first aid response to
160 diabetes. For purposes of this subsection, "qualified school employee"
161 means a principal, teacher, licensed athletic trainer, licensed physical
162 or occupational therapist employed by a school district, coach or
163 school paraprofessional.

164 Sec. 3. Subsection (a) of section 10-207 of the general statutes is
165 repealed and the following is substituted in lieu thereof (*Effective July*
166 *1, 2012*):

167 (a) Each school medical advisor shall [make a prompt examination
168 of all pupils referred to such medical advisor by the school nurse,
169 teacher, principal or superintendent, and shall interpret to such nurse,
170 teacher, principal or superintendent, and to the parents of each such
171 pupil, such medical advisor's findings, with recommendations as to
172 how the pupil should be cared for and what provisions, if any, should
173 be made at the school for the care and welfare of such pupil. Each such
174 school medical advisor shall also make examinations of teachers,
175 janitors and others in the employment of the board of education when
176 requested to do so by the board of education or when, in such medical
177 advisor's opinion, such examinations are necessary for the protection
178 of health, provided such medical advisor shall accept the report of an
179 equivalent physical examination by any reputable physician chosen by
180 such teacher, janitor or other employee in lieu thereof. Such medical
181 advisor shall make such sanitary inspection of school buildings as, in
182 such medical advisor's opinion, is necessary for the protection of the

183 health of pupils. The school medical advisor shall take steps to
184 preserve and improve the health of pupils in accordance with the
185 requirements of the Public Health Code of this state established by the
186 Commissioner of Public Health under the provisions of section 19a-36
187 or the sanitary regulations in force in such town or district in excluding
188 and readmitting pupils or teachers or other school employees
189 suspected of being ill, or ill, with any communicable disease. In
190 cooperation with the director of health, the school medical advisor
191 shall interpret to teachers and nurses factors dealing with
192 communicable disease control] work with the local or regional board
193 of education that appointed such school medical advisor and the board
194 of health or health department for the school district under the
195 jurisdiction of such board to (1) plan and administer the health
196 program for each school, (2) advise on the provision of school health
197 services, (3) provide consultation on the school health environment,
198 and (4) perform any other duties that may be agreed on by the school
199 medical advisor and the local or regional board of education that
200 appointed such school medical advisor.

201 Sec. 4. Subsection (d) of section 10-16b of the 2012 supplement to the
202 general statutes is repealed and the following is substituted in lieu
203 thereof (*Effective July 1, 2012*):

204 (d) The State Board of Education shall make available curriculum
205 materials and such other materials as may assist local and regional
206 boards of education in developing instructional programs pursuant to
207 this section. The State Board of Education, within available
208 appropriations and utilizing available resource materials, shall assist
209 and encourage local and regional boards of education to include: (1)
210 Holocaust and genocide education and awareness; (2) the historical
211 events surrounding the Great Famine in Ireland; (3) African-American
212 history; (4) Puerto Rican history; (5) Native American history; (6)
213 personal financial management; (7) training in cardiopulmonary
214 resuscitation and the use of automatic external defibrillators; and [(7)]
215 (8) topics approved by the state board upon the request of local or
216 regional boards of education as part of the program of instruction

217 offered pursuant to subsection (a) of this section.

218 Sec. 5. Section 10-221o of the general statutes is repealed and the
219 following is substituted in lieu thereof (*Effective July 1, 2012*):

220 Each local and regional board of education shall require each school
221 under its jurisdiction to (1) offer all full day students a daily lunch
222 period of not less than twenty minutes, and (2) include in the regular
223 school day for each student enrolled in grades kindergarten to five,
224 inclusive, [a period of] time devoted to physical exercise of not less
225 than twenty minutes in total, except that a planning and placement
226 team may develop a different schedule for a child requiring special
227 education and related services in accordance with chapter 164 and the
228 Individuals With Disabilities Education Act, 20 USC 1400 et seq., as
229 amended from time to time. In the event of a conflict with this section
230 and any provision of chapter 164, such other provision of chapter 164
231 shall be deemed controlling.

232 Sec. 6. Section 10-212c of the general statutes is repealed and the
233 following is substituted in lieu thereof (*Effective from passage*):

234 (a) Not later than [January 1, 2006] July 1, 2012, the Department of
235 Education, in conjunction with the Department of Public Health, shall
236 develop and make available to each local and regional board of
237 education guidelines for the management of students with life-
238 threatening food allergies and glycogen storage disease. The
239 guidelines shall include, but need not be limited to: (1) Education and
240 training for school personnel on the management of students with life-
241 threatening food allergies and glycogen storage disease, including
242 training related to the administration of medication with a cartridge
243 injector pursuant to subsection (d) of section 10-212a, and the
244 provision of food or dietary supplements, (2) procedures for
245 responding to life-threatening allergic reactions to food, (3) a process
246 for the development of individualized health care and food allergy
247 action plans for every student with a life-threatening food allergy, (4) a
248 process for the development of individualized health care and

249 glycogen storage disease action plans for every student with glycogen
250 storage disease and such plan shall include, but not be limited to, the
251 provision of food or dietary supplements by the school nurse, or any
252 school employee approved by the school nurse, to a student with
253 glycogen storage disease provided such plan shall not prohibit a
254 parent or guardian, or a person designated by such parent or guardian,
255 to provide food or dietary supplements to a student with glycogen
256 storage disease on school grounds during the school day, and [(4)] (5)
257 protocols to prevent exposure to food allergens.

258 (b) Not later than [July 1, 2006] August 15, 2012, each local and
259 regional board of education shall: (1) Implement a plan based on the
260 guidelines developed pursuant to subsection (a) of this section for the
261 management of students with life-threatening food allergies and
262 glycogen storage disease enrolled in the schools under its jurisdiction;
263 (2) make such plan available on such board's web site or the web site of
264 each school under such board's jurisdiction, or if such web sites do not
265 exist, make such plan publicly available through other practicable
266 means as determined by such board; and (3) provide notice of such
267 plan in conjunction with the annual written statement provided to
268 parents and guardians as required by subsection (b) of section 10-231c.
269 The superintendent of schools for each school district shall annually
270 attest to the Department of Education that such school district is
271 implementing such plan in accordance with the provisions of this
272 section.

273 Sec. 7. (NEW) (*Effective July 1, 2012*) No claim for damages shall be
274 made against a town, local or regional board of education or school
275 employee, as defined in section 10-222d of the general statutes, for any
276 injury or damage resulting from the provision of food or dietary
277 supplements by a parent or guardian, or a person designated by such
278 parent or guardian on school grounds to a student with glycogen
279 storage disease on school grounds under an individualized health care
280 and glycogen storage disease action plan, pursuant to section 10-212c
281 of the general statutes, as amended by this act.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	10-220j
Sec. 2	<i>from passage</i>	10-212a
Sec. 3	<i>July 1, 2012</i>	10-207(a)
Sec. 4	<i>July 1, 2012</i>	10-16b(d)
Sec. 5	<i>July 1, 2012</i>	10-221o
Sec. 6	<i>from passage</i>	10-212c
Sec. 7	<i>July 1, 2012</i>	New section

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact:

Municipalities	Effect	FY 13 \$	FY 14 \$
Local and Regional School Districts	STATE MANDATE - Cost	Less than \$5,000 per district	Less than \$5,000 per district
Local and Regional School Districts	Potential Savings	Potential	Potential

Explanation

Section 1, which allows school boards to let diabetic students test their own blood glucose levels, is not anticipated to result in a fiscal impact.

Section 2, which allows a principal, teacher, or school paraprofessional to administer glucagon or insulin to a diabetic student in the event of an emergency, is anticipated to result in minimal cost to local and regional boards of education. In order to properly train and oversee principals, teachers and paraprofessionals who can administer the medication, additional nursing or medical advisor services will be required. It is anticipated that such services would result in a cost of less than \$5,000 per district.

Section 3 revises and updates school medical advisors' duties, and is not anticipated to result in a fiscal impact.

Section 4 requires SDE to make materials related to cardiopulmonary resuscitation and the use of automatic external defibrillators available to districts that chose to implement the training.

This is not anticipated to result in an additional cost.

Section 5, which requires that kindergarten through fifth grade schools offer twenty minutes physical exercise during each school day, is not anticipated to result in a fiscal impact.

Sections 501 and 502 add students with glycogen storage disease, to the state food allergies guidelines and the local food allergy plans, which is not anticipated to result in a fiscal impact.

Additionally, the bill grants immunity to local and regional boards of education as well as school employees for any injury or damage resulting from the provision of food or dietary supplements by a parent or guardian. This could result in a potential significant savings to a local or regional board of education who could have otherwise been sued.

House "A" strikes **Section 4** of the underlying bill and its associated fiscal impact of less than \$5,000 per district. Instead, the amendment requires the State Department of Education to make materials related to cardiopulmonary resuscitation and the use of automatic external defibrillators available to districts that chose to implement the training. This is not anticipated to result in an additional cost.

House "B" adds students with glycogen storage disease, to the state food allergies guidelines and the local food allergy plans, is not anticipated to result in a fiscal impact.

Additionally, House "B" grants immunity to local and regional boards of education as well as school employees for any injury or damage resulting from the provision of food or dietary supplements by a parent or guardian. This could result in a potential significant savings to a local or regional board of education who could have otherwise been sued.

The Out Years

The annualized ongoing fiscal impact identified above would

continue into the future subject to inflation.

OLR Bill Analysis**sHB 5348 (as amended by House "A" and "B")***

AN ACT CONCERNING THE ADMINISTRATION OF MEDICINE TO STUDENTS WITH DIABETES, THE DUTIES OF SCHOOL MEDICAL ADVISORS, THE INCLUSION OF CPR AND AED TRAINING IN THE PUBLIC SCHOOL CURRICULUM AND PHYSICAL EXERCISE DURING THE SCHOOL DAY.

SUMMARY:

This bill allows a qualified school employee selected by the school nurse or principal to administer an emergency glucagon injection to a student with diabetes, under certain conditions. The school nurse or principal must have a written authorization from the student's parents and a written order from the student's Connecticut-licensed physician. The selected employee must be a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the school board, coach, or school paraprofessional.

Current law already allows a principal or teacher, along with other specified school personnel, to give any student medication in the absence of the school nurse, with the written authority of the student's parents and according to a written order from a specified health practitioner. In addition, under current law, an identified school paraprofessional may give medicine to a specific student who has a medically diagnosed allergy that may require prompt treatment to protect the student from serious harm or death.

The bill extends required educational guidelines for school districts in how to manage students with life-threatening allergies to also cover students with glycogen storage disease. It requires the State Department of Education (SDE) and the Department of Public Health

(DPH) to issue the new guidelines by July 1, 2012, and school districts to develop individualized health care and glycogen storage disease action plans for their students with the disease by August 15, 2012. The plans must allow parents or guardians of students with the disease, or those they designate, to administer food or dietary supplements to their children with the disease on school grounds during the school day. The bill immunizes towns, school districts, and school employees from damage claims resulting from these actions.

The bill also:

1. bars a school district from restricting the time or place where a student with diabetes may test his or her blood-glucose levels, if the student has written permission from his parents or guardian and a written order from his or her Connecticut-licensed physician;
2. updates and broadens the duties of a school medical advisor;
3. requires the State Board of Education (SBE) to make available curriculum and other material to help school districts offer training to students in cardiopulmonary resuscitation (CPR) and the use of automatic external defibrillators (AEDs) (§ 4); and
4. requires public schools to include a total of 20 minutes of physical exercise in each regular school day for students in kindergarten through grade five.

Finally, the bill allows only a Connecticut-licensed physician, rather than any licensed physician, to give a written order for a school paraprofessional to administer medication to a student with a medically diagnosed allergy.

*House Amendment "A" (1) specifies the school employees who can be selected to administer emergency glucagon injections to students with diabetes and the conditions under which they may do so; (2) requires a student seeking to self-test his or her blood glucose at school

to have written authorization from his or her parent or guardian; (3) eliminates the authority for an advanced practice registered nurse (APRN) to provide such a self-testing order and requires a physician who does so to be licensed in Connecticut; and (4) requires the SBE to provide curriculum materials for school districts wishing to offer CPR and AED training rather than requiring school districts to include such training in their health curricula.

*House Amendment "B" adds the provisions relating to students with glycogen storage disease.

EFFECTIVE DATE: July 1, 2012, except for the provisions relating to students with diabetes and plans for students with glycogen storage disease, which are effective on passage.

§§ 1 & 2 — STUDENTS WITH DIABETES

Blood Glucose Self-Testing (§1)

Current law requires school boards to let diabetic students test their own blood glucose levels in school if a physician's or APRN's written order states the student needs to self-test and is capable of doing so. This bill:

1. bars a school district from limiting the times when, and locations where, such a student on school grounds can carry out the tests;
2. eliminates the authority of an APRN to give the written order and requires the physician giving the order to be licensed in Connecticut; and
3. requires the student's parents or guardian to authorize the self-testing on school grounds.

The SDE's current blood-glucose self-testing guidelines recommend that individualized health care plans for students with diabetes designate appropriate self-testing locations and specify that, once the locations are designated, testing occur only in those locations.

Administering Emergency Glucagon (§ 2)

The bill requires a school nurse or school principal to select a qualified school employee to, under certain conditions, give a glucagon injection to a student with diabetes who may require prompt treatment to protect him or her from serious harm or death. The nurse or principal must have (1) written authority from the student's parent or guardian and (2) a written order from the student's Connecticut-licensed physician. Under the bill, such injections are given through an injector or injectable equipment used to deliver an appropriate dose of glucagon as emergency first aid response to diabetes.

Under the bill, the school nurse or principal may select any of the following as qualified school employees: a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the school board, coach, or school paraprofessional. Such employees may administer the injections only if the:

1. school nurse is absent or unavailable;
2. employee has completed any annual training in how to administer glucagon injections that the school nurse and medical advisor require;
3. nurse and medical advisor attest, in writing, that the employee has done so; and
4. employee voluntarily agrees to the selection.

The school nurse must provide general supervision to the qualified employee.

Under current law, in the school nurse's absence, a principal, any teacher, a licensed athletic trainer or physical or occupational therapist who is a school employee, or an intramural or interscholastic athletic coach can give a student medicine, in an emergency or nonemergency situation. To do so, they must have (1) written authority from the student's parent or guardian and (2) written authorization from a

licensed physician or dentist or a Connecticut-licensed optometrist, APRN, or physician assistant. These school personnel must follow written school board policies and state regulations in administering the medicine.

Current law also allows an identified school paraprofessional to give medicine to a specific student, but only if the student has a medically diagnosed allergy that may require prompt treatment to protect him or her from serious harm or death. The medicine can include a standard dose of epinephrine delivered through an automatic prefilled cartridge or other injector (epipen) as an emergency first aid response to allergic reactions. The paraprofessional must have (1) written authority from the student's parent or guardian and (2) written authorization from a licensed physician or a Connecticut-licensed optometrist, APRN, or physician assistant. The paraprofessional must also have approval, and act under the general supervision, of the school nurse and school medical advisor.

Immunity from Civil Damages (§ 2)

By law, school principals, teachers, and other specified school personnel who give medicine according to the law are immune from civil damages for negligent acts or omissions, but not gross, willful, or wanton negligence in doing so. The bill extends this immunity to the emergency administration of glucagon by qualified school employees under the specified conditions.

§§ 501 & 502 — STUDENTS WITH GLYCOGEN STORAGE DISEASE

Guidelines and Plans for Managing Students with Glycogen Storage Disease (§ 501)

By law, the SDE, in conjunction with DPH must develop guidelines for managing students with life-threatening food allergies and make them available to boards of education. This bill extends the guidelines to cover glycogen storage disease. It requires the departments to make the additional guidelines available to school districts by July 1, 2012.

The additional guidelines must include:

1. education and training for school personnel on managing students with life-threatening glycogen storage disease, including training in how to provide food or dietary supplements and
2. the process for developing individualized health care and glycogen storage disease action plans for every student with the disease that include provision of food or dietary supplements to a student with the disease by (a) the school nurse or (b) any school employee approved by the nurse.

Such plans must allow the student's parent or guardian or any person they designate to provide food or dietary supplements to a student with the disease on school grounds during the school day.

By August 15, 2012, school boards must implement a plan, based on the guidelines, for students with glycogen storage disease enrolled in schools in their jurisdictions.

Immunity from Liability (§ 502)

The bill bars anyone from making a claim against a town, board of education, or school employee for damages resulting from the student's parent or guardian, or person they designate, providing food or dietary supplements to a student with glycogen storage disease on school grounds during the school day. To be covered by the immunity, the food or supplements must be given according to an individualized health care and glycogen storage disease action plans.

§ 3 — DUTIES OF SCHOOL MEDICAL ADVISORS

By law, boards of education in towns with 10,000 or more people must, and those in smaller towns may, appoint one or more legally qualified medical practitioners as school medical advisors.

This bill revises and updates school medical advisors' duties and responsibilities. It eliminates requirements that advisors (1) examine

referred students, teachers, and other school staff; (2) make sanitary inspections of school buildings; (3) help enforce the Public Health Code or town sanitary regulations by deciding when students and school staff who are, or are suspected to be, sick must be excluded from, or may return to, school; and (4) interpret to school nurses and teachers factors relating to controlling communicable diseases.

Instead, it requires advisors to work with their appointing school boards and the local boards of health or health departments for their school districts to:

1. plan and administer each school's health program,
2. advise on school health services,
3. consult on school health environments, and
4. perform other duties as agreed between the advisor and his or her appointing school board.

§ 5 — PHYSICAL ACTIVITY REQUIREMENT

Under current law, each public school that enrolls students in grades K-5 must provide those students with a physical exercise period of unspecified length as part of the regular school day. The bill instead requires such schools to provide a total of 20 minutes of physical exercise during each regular school day.

COMMITTEE ACTION

Education Committee

Joint Favorable Substitute Change of Reference
Yea 32 Nay 0 (03/14/2012)

Public Health Committee

Joint Favorable
Yea 20 Nay 6 (03/30/2012)

Appropriations Committee

Joint Favorable

Yea 40 Nay 9 (04/23/2012)